



*House of Representatives*  
*Study Committee on Childhood Lead Exposure*

**Final Report**

**Chairman Katie Dempsey**  
Representative, 13<sup>th</sup> District

**The Honorable Karla Drenner**  
Representative, 85<sup>th</sup> District

**The Honorable Matthew Gambill**  
Representative, 15<sup>th</sup> District

**The Honorable Mesha Mainor**  
Representative, 56<sup>th</sup> District

**The Honorable Mark Newton**  
Representative, 123<sup>rd</sup> District

**Chris Rustin, DrPH, MS, REHS**  
Deputy Commissioner, Georgia Department of Public Health

**2021**

Prepared by the House Budget & Research Office

## Introduction

The House Study Committee on Childhood Lead Exposure was created by House Resolution 52 during the 2021 Legislative Session of the Georgia General Assembly. HR 52 acknowledges the House of Representatives' concern with the early intervention and prevention of childhood lead exposure. The resolution recognizes that childhood lead poisoning can be prevented and that primary prevention is the best way to avoid the permanent adverse outcomes of lead exposure.

HR 52 acknowledges that lead paint is present in one-third of the nation's dwellings, particularly in older homes, and that there is no safe blood lead level in children, as even small amounts have been shown to affect IQ, attention span, and academic achievement. In 2012, the Centers for Disease Control and Prevention (CDC) updated its recommendations on children's blood lead levels by recommending interventions when blood levels reach five micrograms of lead per deciliter of blood. In October 2021, the CDC updated this recommendation to adjust the blood level to 3.5 µg/dL. Under current Georgia law, confirmed lead poisoning means a confirmed concentration of lead equal to or greater than 20 µg/dL in two capillary tests taken at least three months apart, which results in missing a population of exposed children. This statutory discrepancy resulted in the formation of the House Study Committee on Childhood Lead Exposure in order to study the full effect of lead exposure on this missing population and make recommendations on how Georgia can effectively prevent adverse outcomes.

HR 52 provides for the membership of the committee, consisting of five members of the House of Representatives and the commissioner of the Department of Public Health (DPH) or her designee. The speaker appointed the following members: Representative Katie Dempsey, Chair; Representative Karla Drenner; Representative Matthew Gambill; Representative Mesha Mainor; and Representative Mark Newton. DPH Commissioner Kathleen Toomey appointed Deputy Commissioner Chris Rustin.

The study committee held five public meetings at the State Capitol during 2021, occurring on September 2<sup>nd</sup>, September 13<sup>th</sup>, October 6<sup>th</sup>, October 21<sup>st</sup>, and December 14<sup>th</sup>. During the first four meetings, the committee heard testimony from multiple agencies and organizations involved in lead poisoning research, prevention, treatment, and advocacy, as listed below. During the fifth meeting, the committee discussed and approved the committee recommendations. This report provides an overview of the issues discussed by the individuals listed below by meeting.

### **Thursday, September 2, 2021 – Coverdell Legislative Office Building (Atlanta, GA)**

Christy Kuriatnyk, MSPH, REHS/RS – *Director of Georgia Healthy Homes and Lead Poisoning Prevention Program, DPH*

Yu Sun, MD, MPH – *Epidemiologist at Georgia Healthy Homes and Lead Poisoning Prevention Program, DPH*

Robert J. Geller, MD, FAAP, FACMT – *Professor of Pediatrics at Emory University School of Medicine; Medical Toxicologist and Medical Director of the Georgia Poison Center*

Callan Wells– *Health Policy Manager at the Georgia Early Education Alliance for Ready Students (GEEARS)*

Abby Mutic, PhD, MSN, CNM – *Assistant Professor and Director of the Southeastern Pediatric Environmental Health Specialty Unit at Emory University*

**Monday, September 13, 2021 – Coverdell Legislative Office Building (Atlanta, GA)**

Christy Kuriatnyk, MSPH, REHS/RS – *Director of Georgia Healthy Homes and Lead Poisoning Prevention Program, DPH*

Sarah Visser – *Assistant Branch Chief of the Land Division, Georgia Environmental Protection Division*

Beverly Campbell – *National Environmental Solutions, Inc.*

Bonnie Maurras – *LeadKnology, Inc.*

Robert Wheeler – *Retired Lead Regional Coordinator*

Monique Kramer – *Atlanta Metro Area Lead Regional Coordinator for DeKalb County Board of Health*

**Wednesday, October 6, 2021 – Coverdell Legislative Office Building (Atlanta, GA)**

Jac Capp – *Chief of the Watershed Protection Branch of the Georgia Environmental Protection Division*

Pat Schofill – *Director of Facilities Services and Pupil Transportation, Georgia Department of Education*

Sarah Morris – *Assistant Director of Facilities Services and Pupil Transportation, Georgia Department of Education*

Eri Saikawa, PhD – *Associate Professor at Emory University*

**Thursday, October 21, 2021 – Coverdell Legislative Office Building (Atlanta, GA)**

Robersteen Howard, MD – *Pediatrician at Harbin Clinic Pediatrics Rome*

Polly McKinney – *Advocacy Director for Voices for Georgia's Children*

Rick Andrews – *Teradata*

Jenny Houlroyd, CIH, MSPH – *Principal Research Scientist and Manager of the Occupational Health Group at Georgia Tech, and on behalf of the Georgia Chapter of the American Industrial Hygiene Association*

Elizabeth Appley – *representing Enterprise Community Partners Southeast and Georgia Advancing Communities Together*

Emily Lundgard – *Senior Program Director, Enterprise Community Partners, Ohio*

**Tuesday, December 14, 2021 – Coverdell Legislative Office Building (Atlanta, GA)**

Committee discussion only

## Committee Findings

### Sources of Lead Exposure

According to the United States Environmental Protection Agency (EPA), lead is a naturally occurring element found in small amounts in the earth's crust.<sup>1</sup> It can be found in all parts of the environment, including air, soil, and water. Lead exposure comes primarily from human activities, including the use of fossil fuels, industrial facilities, and in a wide variety of products that can be found in and around homes. Lead was previously used in gasoline; the EPA began to phase out this use in 1973, but it took until 1996 for the sale of leaded gasoline to be fully banned.<sup>2</sup>

According to testimony from the Georgia Department of Public Health (DPH), lead-based paint is the most common lead exposure in Georgia. Lead was removed from residential paint in the United States in 1978, but it can still be found in pre-1978 homes in window sills and troughs, dust created by grinding windows and doors, peeling paint on the porch, and in soil where old exterior paint has settled. The older the home, the more likely it is to have lead-based paint, and homes built before 1940 have an 87 percent chance of having lead-based paint.

Lead can also potentially be found in drinking water. According to the Georgia Environmental Protection Division (EPD) testimony, the potential for human exposure to lead in water is primarily due to the corrosion of plumbing materials that contain lead. Lead is regulated and not present in the treated water produced at treatment facilities, but rather comes from reactions within the pipes between the treatment plant and a consumer's faucet. Potential sources for this are leaded goose necks connecting to the main water service line, lead service lines, lead particles attached to galvanized pipes, copper pipes with lead solder, and faucets and fixtures inside the home that contain lead.

Lead exposure also exists for employees working in certain industries that utilize lead, creating risks for both the workers as well as potential take-home exposures for employees' families. Lead is still used in fuel for off-road uses, such as aircrafts, racing cars, farm equipment, and marine engines. Additionally, lead can be found in ceramics, plastic coloring, pipes and plumbing materials, batteries, ammunition, jewelry, keys, and imported cosmetics. While it has some beneficial uses in these industries, it is toxic to humans and animals and can cause significant adverse health effects.

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<sup>1</sup> <https://www.epa.gov/lead/learn-about-lead>

<sup>2</sup> US Environmental Protection Agency. (1996, January 29). *EPA Takes Final Step in Phaseout of Leaded Gasoline* [Press Release]. <https://archive.epa.gov/epa/aboutepa/epa-takes-final-step-phaseout-leaded-gasoline.html>



## Effects of Lead Exposure

While lead exposure and poisoning is harmful for any person, it is particularly dangerous to children.

According to the EPA, children's growing bodies absorb more lead than adults' bodies, and children's brains and nervous systems are more sensitive to the damaging effects of lead. The Georgia Early Education Alliance for Ready Students (GEEARS) testified that in a child's first three years of life, the brain develops at an extremely rapid pace, forming more than one million new neural connections each second. Exposure to lead can cause serious harm to a child's health, including damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech impairment. Testimony from Dr. Abby Mutic discussed how lead exposure can also occur in children during the prenatal period

when a mother is exposed to lead. During pregnancy, lead is toxic to the mother and the fetus, and lead can easily pass through the placenta as well as can pass through breastmilk during the postpartum period. Additionally during pregnancy and lactation, lead in the body from prior exposures can be mobilized from bones due to the increased bone turnover during pregnancy and released into the blood, causing blood lead levels to continually increase throughout pregnancy. When these exposures and rising lead levels in the body are not detected through prenatal risk assessments and lead screenings, children can be born already having lead exposure or poisoning. Both prenatal and early childhood exposures to lead can cause reduced IQ and underperformance in school and lead to negative outcomes in education, behavior, and health that follow children into adulthood.

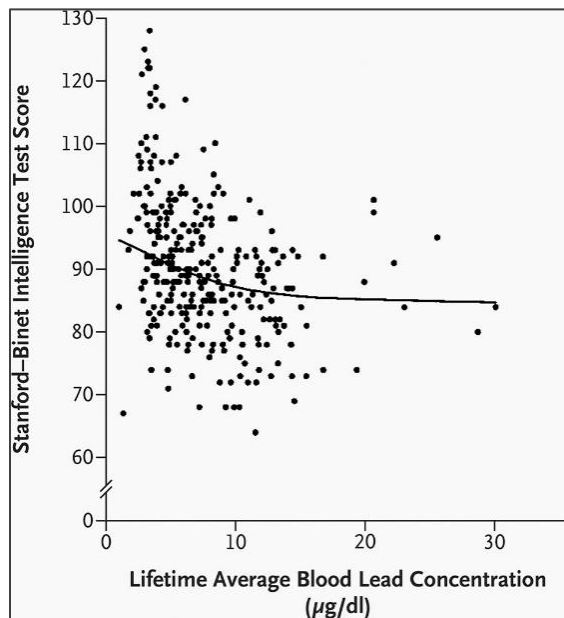
In June 2020, Case Western Reserve University released a study following 10,000 children with elevated blood lead levels (EBLL) in Cleveland, Ohio over a 20-year period and compared this

Blood Lead Levels in $\mu\text{g}/\text{dL}$ (micrograms per deciliter)		Effects
 <b>Children &amp; Adults</b>		
<5 $\mu\text{g}/\text{dL}$		Decreased IQ, cognitive performance and academic achievement; increased incidence of problem behaviours and diagnosis of attention deficit/hyperactivity disorder; reduced fetal growth (based on maternal blood concentration); impaired renal function; reduced synthesis of aminolevulinic acid dehydratase (ALAD), contributing to anaemia
<10 $\mu\text{g}/\text{dL}$		Delayed puberty; developmental toxicity
<20 $\mu\text{g}/\text{dL}$		Increased level of erythrocyte protoporphyrin; decreased vitamin D metabolism; decreased calcium homeostasis
>20 $\mu\text{g}/\text{dL}$		Anaemia
>30 $\mu\text{g}/\text{dL}$		Reduced nerve conduction velocity; increased vitamin D metabolism; increased risk of hypertension in adulthood
>40 $\mu\text{g}/\text{dL}$		Decreased haemoglobin synthesis
> 50 $\mu\text{g}/\text{dL}$		Severe neurological feature
> 60 $\mu\text{g}/\text{dL}$		Abdominal colic; features of acute poisoning but no encephalopathy
> 90 $\mu\text{g}/\text{dL}$		Encephalopathy
> 105 $\mu\text{g}/\text{dL}$		Severe neurological features
150 $\mu\text{g}/\text{dL}$		Death
 <b>Adults</b>		
<5 $\mu\text{g}/\text{dL}$		Impaired renal function; reduced synthesis of delta-aminolevulinic acid dehydratase, contributing to anaemia
<10 $\mu\text{g}/\text{dL}$		Hypertension, increased cardiovascular-related mortality, spontaneous abortion, preterm birth
> 40 $\mu\text{g}/\text{dL}$		Peripheral neuropathy, neurobehavioural effects, abdominal colic
> 50 $\mu\text{g}/\text{dL}$		Decreased haemoglobin synthesis

Source: World Health Organization, presented by Dr. Eri Saikawa

population to a control group of students who did not have elevated blood lead levels.<sup>3</sup> The results from this study showed that children with EBLLs had a 27 percent lower chance of being on track for kindergarten, were 25 to 30 percent more likely to enter the juvenile justice system, and were 34 percent more likely to be incarcerated as adults. In adulthood, this population was also more likely to rely on public assistance programs and homeless services.

There are some factors that put children at greater risk than adults in their same household. Children are more highly exposed to certain lead sources, such as dusts or soil, due to their low levels to the ground and tendency to put their hands and other objects in their mouths. Additionally, young children eat different foods than adults. According to testimony from Dr. Robert Geller, young children eat 16 times more apples and three times more potatoes per kilogram of body weight compared to adults. This results in things like pesticide residues having a greater impact on young children.



Source: Canfield, R.L., (2003)

Very high blood lead levels over 80 µg/dL can cause permanent brain damage, but that is very rare. What is much more common is the intellectual impact on children at low levels. A study published in 2003 analyzed the intellectual impairment in children ages three and five with blood lead concentrations below 10 µg/dL and found that blood lead concentration was inversely and significantly associated with IQ.<sup>4</sup> The study revealed that each increase of 10 µg/dL in the lifetime average blood lead concentration is associated with a 4.6-point decrease in an individual's IQ. However, the study also found that IQ declined by 7.4 points as lifetime average blood lead concentrations increased from 1 to 10

µg/dL, meaning that lead-associated IQ declines are greater at this concentration than at higher concentrations. Because of studies like this one and multiple more, the CDC and EPA have found no clearly defined safe level of lead in children.

<sup>3</sup> Coulton, C. (2020). *Downstream Consequences of Childhood Lead Poisoning: A Longitudinal Study of Cleveland Children from Birth to Early Adulthood*.

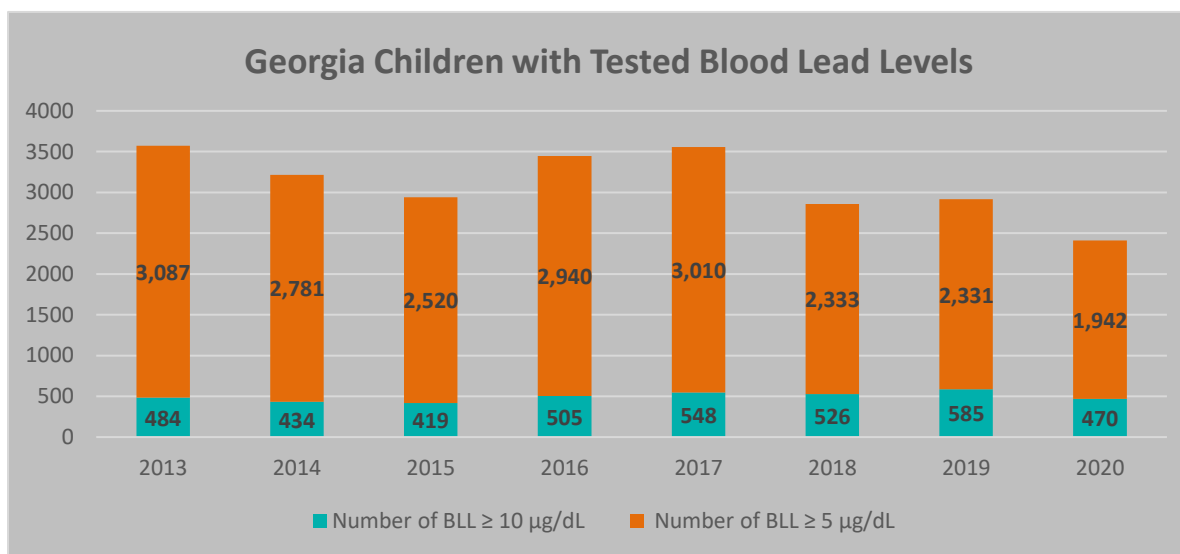
[https://case.edu/socialwork/povertycenter/sites/case.edu.povertycenter/files/2020-07/Downstream\\_06182020\\_rev07082020.pdf](https://case.edu/socialwork/povertycenter/sites/case.edu.povertycenter/files/2020-07/Downstream_06182020_rev07082020.pdf)

<sup>4</sup> Canfield, R.L., et al. (2003, April 17). Intellectual Impairment in Children with Blood Lead Concentrations below 10 µg per Deciliter. *New England Journal of Medicine*, 348(16), 1517-1526.

<https://www.nejm.org/doi/full/10.1056/NEJMoa022848>

## Screening for Lead Levels in Children

The only way a child can be diagnosed with lead poisoning is through blood testing. Georgia DPH recommends all children be tested at ages one and two, which matches the current Medicaid requirement, as well as age five if the child has not been previously tested. A confirmed EBLL is defined as one venous blood draw or two capillary (fingerstick) blood draws within three months apart that have been analyzed by a medical laboratory. As seen in the chart below, DPH data shows that there are a large proportion of children with an EBLL between 5 µg/dL and 10 µg/dL, and under current Georgia law, this population is not receiving needed resources to identify the cause of the lead exposure.



Source: Georgia Department of Public Health data

Early identification and treatment of lead poisoning reduces the risk that the child will suffer permanent damage. According to testimony from Dr. Robersteen Howard, a pediatrician in Rome, Georgia, risk assessments for lead are performed by pediatricians at all well-child visits starting at the age of six months, as this is the age that a child begins to move around and do hand-to-mouth activities. Risk assessments consist of questions designed to identify environmental risk and continue through the age of five. Lead screening blood tests are done at 12 months of age, and for children who have insurance through Medicaid, it is repeated at 24 months of age. Most private insurers do not cover this second test if the risk assessment is negative, but a blood test screening can be done at any time regardless of age or insurance if the risk assessment is positive.

Dr. Howard identified several barriers that providers face when performing lead risk assessments and screenings, including the timing and accuracy of the risk assessment, the inability for in-office laboratory testing, and the lack of insurance coverage on the testing of patients with negative risk assessments. Many pediatricians must send patients to other

laboratory facilities, which adds a burden to families and results in missed opportunities if they do not go.

As numerous experts, providers, and advocates testified to the study committee, the best treatment for EBLLs is prevention. This can be done through more routine blood testing, removing hazards from the home environment, and providing education and follow-up care to families.

### **Current Prevention and Treatment Programs and Initiatives**

#### *Georgia Healthy Homes and Lead Poisoning Prevention Program*

The Georgia Healthy Homes and Lead Poisoning Prevention Program (GHHLPPP) was first started in 1993 and is currently under the Health Protection Division of DPH. The program's primary function is the management of childhood lead poisoning in Georgia and it does this through screening and surveillance; clinical case management and links to care; targeted education and outreach to health care providers, high-risk populations, and the general public; primary prevention interventions; and support of compliance and enforcement. The GHHLPPP program has five program staff, seven regional health homes/lead coordinators, and 43 certified lead risk assessors/inspectors throughout Georgia.

GHHLPPP manages the environmental investigation process for children tested in Georgia. Once a child is tested for lead poisoning, the lab reports are sent to the program staff. Children identified with an EBLL of 10 µg/dL or higher are referred to a regional health homes coordinator and a home investigation is conducted. The investigator is required to conduct a comprehensive investigation of all sources of lead in a child's environment including other spaces and dwellings as well as all non-traditional sources of exposure. The investigator will test things like deteriorated paint in the house and on furniture, soil in the dripline and play areas, water in the home, dust on old window blinds, and any object identified as a potential source of exposure to the child. The investigator will also interview the family of the child using a U.S. Housing and Urban Development (HUD) questionnaire that will provide further information on where to test. Reports from this investigation are submitted to caregivers, medical providers, and landlords (with the child's information removed), and processes are put into place by GHHLPPP to control hazards and monitor the child for subsequent blood testing and follow up.

Upon determination that a child less than six years of age has a confirmed lead poisoning, and that child resides in, attends, or regularly visits a dwelling, dwelling unit, school, or daycare facility containing lead hazards, GHHLPPP requires a lead hazard abatement, including any supplemental addresses. For dwellings, this applies only to owners of residential rental property or their landlords. When abatement is required, the owner or managing agent must submit a written lead poisoning hazard abatement plan to GHHLPPP within 14 days; an abatement order is issued by the program if a plan has not been submitted within this



timeframe, followed by a court order if further ignored. The simple removal of children from a property or facility identified as having lead hazards does not constitute abatement if the property then continues to be used as a dwelling, school, or daycare facility.

In addition to the investigations and abatement procedures, the regional lead coordinators will provide information to families on lead exposure and poisoning education and connect them to available services within DPH, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Children 1<sup>st</sup> Program, and the Children's Medical Services program.

#### *Georgia EPD Lead-Based Paint Program*

The Georgia EPD's Land Protection Branch has the Georgia Lead-Based Paint Program that administers the Georgia Lead-Based Paint Hazard Management Rules in order to minimize the spread of lead dust and debris through the regulation of activities that disturb lead-based paint in target housing and child-occupied facilities built before 1978. The program enforces the Lead-Based Paint Renovation, Repair and Painting (RRP) section of the rules, meaning that lead-based paint is only regulated by EPD when it is disturbed as part of renovation, repair, painting, or demolition activities. The RRP rule applies when renovations are completed for compensation in residential structures or child-occupied facilities built before 1978 and the renovations disturb more than six square feet per interior room or more than 20 square feet on exteriors of lead painted or coated surfaces. The rule also applies when replacing windows of any size or for partial demolitions of structures, walls, or components that are not entire structure demolitions of the pre-1978 structure.

Work done by individuals in housing they own and occupy is not regulated under this rule. Any contractor performing work on these projects is required to be certified, and EPD issues certifications for contractor firms and individuals as well as accredits training providers. Additionally, EPD enforces the Lead-Based Paint Abatement section of the rules by issuing certifications for abatement inspectors, risk assessors, project designers, supervisors, workers, and lead firms.

EPD inspects and enforces lead-based paint RRP and abatement project rules through complaints, building permit reviews, partnerships with local government, and forays. In Fiscal Year (FY) 2021, the EPD Lead-Based Paint Program did 496 inspections, 224 notices of violation, and two consent orders.

#### *Georgia EPD Regulation of Lead in Drinking Water*

The Georgia EPD's Watershed Protection Branch permits public drinking water systems in the state, including approximately 2,300 public water systems, of which 105 surface water systems and 2,200 groundwater systems. Regulations require significant sampling from the water taps

within the homes of consumers, and EPD monitors the results of these samples and intervenes when the lead action level is exceeded. This occurs when more than 10 percent of the samples for any compliance period have lead concentrations of more than 15 µg/L (micrograms per liter). This triggered action level requires the water system to conduct public education within 60 days after the end of the compliance period through notices in customer bills, flyers, and online. Additionally, water systems must review sampling protocols and take steps to optimize corrosion control. EPD contracts with the Georgia Rural Water Association to provide sampling and technical assistance to water systems that need support meeting this requirement. If sampling results indicate that the water has a corrosive quality, the water system will work with its engineer and EPD to evaluate corrosion control options and implement the appropriate corrosion control treatment, which is usually the addition of a chemical to increase the pH or the addition of a corrosion inhibitor.

#### *Clean Water for Georgia Kids Program*

The Water Infrastructure Improvements for the Nation (WIIN) Act of 2016 authorizes the EPA to establish a voluntary grant program to assist local educational agencies and childcare programs in testing for lead in drinking water at schools and childcare programs. In Georgia, the Department of Education (DOE) was charged with writing the grant and overseeing the program. DOE contracted with Research Triangle Institute (RTI) to create the Clean Water for Georgia Kids Program. RTI provides the training, testing, and follow up recommendations for the lead testing done by local school systems. The WIIN Act funding covers voluntary testing costs and recommendations for risk mitigation, but does not cover the risk mitigation costs. In FY 2019, \$1.1 million was made available to Georgia, which will be used to test 800 schools. An additional \$842,000 in FY 2020 and \$858,000 in FY 2021 has been awarded, which will be used to offer testing to childcare facilities in Georgia.

#### *EPA Westside Lead Superfund Site*

In 2018, an Emory doctoral student working with Dr. Eri Saikawa shared data with EPA showing elevated lead levels collected from soil samples in Atlanta's Westside neighborhoods. Additional research by EPA led to the discovery of industrial smelting waste (slag) on at least two lots near Elm Street. Sampling around the Elm Street area indicated lead levels above EPA's site-specific cleanup level of 400 milligrams per kilogram, also known as parts per million (ppm), were present in some, but not all locations.<sup>5</sup> In March 2019, EPA began sampling in the area to determine the extent of the contamination and appropriate next steps to protect public health and the environment. EPA established the original study area, which has since been expanded several times and now includes approximately 2,097 residential properties. EPA offers free soil testing to any tenants or property owners within the study area. As of September 2021, the EPA

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<sup>5</sup> EPA Proposes Westside Lead to the Superfund National Priorities List. (2021, September). <https://semspub.epa.gov/work/04/11166234.pdf>

has received 840 signed access authorization forms, sampled 753 properties, and identified 311 properties above 400 ppm that require cleanup. In January 2020, EPA began the cleanup of these properties with lead-contaminated soil and has so far cleaned 93 properties. On September 9, 2021, the EPA proposed the Westside Lead Site to the EPA Superfund program's National Priority List, which is a priority list of hazardous waste sites eligible for additional cleanup funds.

#### *Lead-Safe Cleveland Coalition*

Testimony was provided to the study committee by the Lead Safe Cleveland Coalition from Cleveland, Ohio, as an example of what other cities are doing to identify and prevent childhood lead exposure. The Lead Safe Cleveland Coalition is an inclusive, public-private partnership with over 500 members that are committed to making Cleveland lead safe. Lead safe is not the same as lead free, but instead focuses on safely controlling all lead risks in and around the home through interim controls that are feasible, effective, and proven to reduce lead exposure. Beginning March 2021, the city of Cleveland required residential rental units built before 1978 to proactively get a Lead Safe certification. This requires property owners to provide the city with a copy of a clearance examination or risk assessment performed by a private, state-certification professional showing that lead hazards were not identified in the unit. Public-private funds are available through the coalition to support property owners and families in getting their lead-safe certification. The coalition has a target budget of \$99.4 million over five years to fund the Lead Safe Resource Center as well as Lead Safe loans and grants. These investments come from the city of Cleveland, Cuyahoga County, and the State of Ohio as well as investments from hospitals, banks, corporations, and philanthropy. So far, Lead Safe Cleveland has raised \$46 million. The program has an auditor to monitor the impact of the Lead Safe certification and produce data in quarterly reports and on a public dashboard.

## Committee Recommendations

Upon review of the information presented, the House Study Committee on Childhood Lead Exposure recommends the following:

1. Amend the Official Code of Georgia in the following ways:
  - a. Change the state definition of confirmed elevated blood lead level from 20 µg/dL to 3.5 µg/dL to align with the most current recommendation from the CDC.
  - b. Change the state level of 10 µg/dL for an environmental intervention (home investigation) to 5 µg/dL to align with the most current recommendation from the CDC.
  - c. Remove the definition of “Persistent EBL” to remove duplicity, as this is covered under the “Confirmed EBL” definition.
  - d. Add “exterior” to the definition of dwelling or dwelling unit in the Georgia Code.
  - e. Modify the definition of Lead Hazard Abatement to match the Department of Natural Resources definition for consistency in Code among agencies.
  - f. Include pregnant women along with children under six years old to the list of criteria for lead-based paint abatement.
  - g. Modify the definition of a “lead poisoning hazard” to meet the current federal standards as defined by the U.S. Environmental Protection Agency (EPA).
  - h. Increase the length of time that a landlord must submit an abatement plan to mitigate hazards from 14 to 30 days.
  - i. Require a post-abatement clearance inspection instead of a visual assessment.
  - j. Add “exclusion” to “Removal or exclusion of children or pregnant women shall not constitute abatement.”
  - k. Require landlords to submit a letter certifying that an affected property will no longer be used as a dwelling, if that is the intent.
  - l. If a landlord does not disclose that a home has the potential for lead hazards (pre-1978) and hazards are found, tenants can void their lease.
2. Provide funds for the Department of Public Health to adequately fund additional lead inspectors to meet the increased need for inspections as a result of the lowered EBL threshold.
3. Use federal American Rescue Plan Act (ARPA) funds received by the State of Georgia for lead abatement costs, implementation of lead safe housing programs, strengthened screening and reporting actions, and remediating missed screenings and follow-ups occurring during the COVID-19 pandemic.
4. Support the education of Georgians on the effects of lead on pregnant women and young children and how they might prevent lead exposure as well as promote lead testing at regular intervals for these populations.

5. Support measures that would allow the lead testing blood sample to be taken at a physician's office and transmitted to the lab for evaluation, with results reported back to the physician, in order to close the gap between children referred to a lab for testing who never receive it.
6. Support the use of the Prenatal Risk Assessment and Lead Screening for all pregnant women.
7. Encourage regional soil screenings and health risk assessments in high-risk areas of Georgia and support the development of low-cost remediation options for these communities.
8. Support the education of Georgians on the risk of lead take-home exposures caused by bringing lead dust home on clothing from employment at industries or jobs that use lead or industries where the employee is exposed to lead dust.
9. Encourage the use of the Georgia Data Analytics Center (GDAC) to aggregate siloed data within the state to identify children that need to be screened or tested in order to increase screenings, target high-incidence communities, and reduce the number of lead poisoning cases.

**Mr. Speaker, these are the findings and recommendations of the Study Committee on Childhood Lead Exposure.**

**Respectfully Submitted,**

A handwritten signature in black ink that reads "Katie M. Dempsey". The signature is written in a cursive style with a long horizontal flourish extending to the right.

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**The Honorable Katie Dempsey,  
Representative, 13<sup>th</sup> District,  
Chairman**

Prepared By:  
Tara Boockholdt  
Senior Budget and Policy Analyst  
House Budget and Research Office